

HIGHLAND HOSPITAL
STRONG MEMORIAL HOSPITAL

☐ Inpatient
☐ Outpatient
☐ ED

SH 402 MR
Page 1 of 2

DO NOT USE ABBREVIATIONS: U, IU, QD, QOD, Trailing zero (X 0 mg),
Lack of leading zero (X mg), MS, MBO, MgSO, µg, TIW, A S, AD, AU

Document Date and Time of Each Note

DATE	TIME	AM PM	
10/20/2010	1940		<p>ED Meeting</p> <p>Vigilant with the Cere at the elephant head for 2+ days hrs, had an extremely right retroorbital h/o with hyperreflexia to right knee (flaccid, chills, usual d's) ② IV H/o to PMH including hx of head trauma PE normal except for possible to abd. right eye Attempted trials of PO red and then IV analgesics to good effect CT scan → enlarged right ventricle Neuro consulted who recommends BI about 42 pri control and MRI in AM.</p>

HIGHLAND HOSPITAL
STRONG MEMORIAL HOSPITAL

☒ ED

EMERGENCY DEPARTMENT
PHYSICIAN ASSESSMENT &
TREATMENT SHEET

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Date/Time 10/26/13 9:17
Attending/Resident/Student/PA/NP Name (Printed) _____
Attending/Resident/Student/PA/NP Name (Printed) _____

History of Present Illness

Snof 1-3 Extended 4+

VS 126/80 RR 16 P 70 lying BP 126/85 lying Pulse Oximetry 97
☐ Vitals on Triage sheet reviewed P _____ sitting BP _____ sitting Wt 45.3 kg
P _____ standing BP _____ standing Pain (0-10) 6

Chief Complaint: 25 yo male 2 reports of bad
head aches since Friday. Headache
over right eye intermittent
sharp pain in temple, otherwise constant HA
hardly gets headaches
Took ibuprofen this morn also
helped.
hearts to sub normal and
area - No n/v/no sensitivity to light No aura
man had no migraines

☐ Location
☐ Severity
☐ Quality
☐ Duration
☐ Timing
☐ Context
☐ Modifying Factors
☐ Associated Signs/Symptoms
☐ Comprehensive Hx obtainable due to patient's clinical condition and/or mental status
☐ Nursing/Triage notes reviewed Emergency Medical Services report, family EKG, old records, Other _____

Medical Student Note

ALLERGIES/REACTIONS ☐ None
Latex allergy/sensitivity ☐ Yes ☒ No
Food allergies ☐ Yes ☒ No
Other known allergies ☒ Yes ☐ No Beer
If yes, specify allergen & type of reaction _____

MEDICATIONS/OVER-THE-COUNTER/HERBALS/VITAMINS/SUPPLEMENTS
☒ None ☐ See attached sheet
☐ Listed ☐ See triage sheet
None

Past Medical / Surgical / Family / Social / Occupational History

Complete 3

Past History ☐ None
☐ Diabetes ☐ Heart Disease
☐ Renal ☐ Hypertension
☐ Seizures ☐ Asthma/COPD
☐ DVT/Pulmonary Embolism
☐ Cancer
☐ Surgery Appendix Gall Bladder CABG
☐ Other _____

Family History ☐ None
☐ Diabetes ☒ Heart Disease mother
☐ Renal ☐ Hypertension
☐ Seizures ☐ Asthma/COPD
☐ DVT/Pulmonary Embolism
☐ Cancer GF - G.M. Bili
☐ Surgery Appendix/Gall Bladder/CABG
☐ Other Myocardial (mother)

Social History
☐ None ☐ Current - Amount ☐ Quit - Date
Tobacco ☒
ETOH ☒ occasional 1-2 weeks
Drugs ☒
Work elephant handling
Home lives
Domestic Violence _____

Advance Directive(s) ☐ Yes ☐ No If Yes type ☐ DNR ☐ Health Care Proxy ☐ Living Will
☐ Other _____ If No, does pt want to designate a Health Care Proxy? ☐ Yes ☐ No
Comments _____

Review of Systems

Problem/Patient 1

Extended 2-9

Complete 10+

Normal Abnormal
General ☒
Eyes ☒
HEENT ☒
Cardiovascular ☒
Pulmonary ☒ breathing

Normal Abnormal
GI ☒
GU ☒
Skin ☒
Musculoskeletal ☒
Neurologic ☒ normal

Normal Abnormal
Endocrine ☒
Allergy/Rheumatology ☒
Neurologic ☒
Psychiatric ☒
All other systems reviewed and negative

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EXAMINATION OF SYSTEMS Problem Focused 1 Extended Problem Focused 2-4 Detailed 5-7 Comprehensive 8-
PHYSICAL EXAM by ☐ Attending ☒ Resident ☐ PA/NP DATE 10/26/10

EXAM LIST

☐ Comprehensive examination not completed due to patient's clinical condition and/or mental status

	Normal	Abnormal (specify)		Normal	Abnormal (specify)
Constitutional					
general appearance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2 cm x 1 cm		
Eyes					
conjunctivae & lids	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20/20 RE		
pupils & iris	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20/25 LE		
EDM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	cannot adduct		
Head, Ears, Nose & Throat (HENT)			(L) eye		
ears	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
otoscope	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
hearing	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
nose	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
oropharynx	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
lips, teeth, gums	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
voice	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
tonsils/adenoids	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
trauma	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
supp	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
tenderness	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
jugular vein distention/bulb	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Cardiovascular					
palpation	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
auscultation	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
cardiac	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
epicardial area	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
femoral	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
pedal pulses	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
edema & varicosities	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Pulmonary					
respiration/ effort	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
auscultation	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
percussion	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
inspection/ palpation	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Gastrointestinal/ Abdomen					
tenderness	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
bowel sounds	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
masses/pulsations	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
hernia exam	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Genitourinary					
urethra	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
bladder	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
scrotum, testes	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
penis	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
prostate	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
external genitalia	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
cervix	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
adnexa	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Skin					
color	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
temperature	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
lesions	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Musculoskeletal					
spine & neck	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
spine	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
pelvis	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Right Upper Extremity	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Left Upper Extremity	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Right Lower Extremity	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Left Lower Extremity	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Hematologic, Lymphatic, Immunologic					
neck	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
axilla	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
groin	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
thyroid	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Neurologic					
cranial nerves	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
OTR's	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
gait & station	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
motor	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
sensation	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Psychiatric					
judgement	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
orientation	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
memory	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
mood / affect	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

Comments

Hemocult	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	Cultures Sent	<input type="checkbox"/> GC <input type="checkbox"/> Chlamydia <input type="checkbox"/> Other
Coag Test	<input type="checkbox"/> Positive <input type="checkbox"/> Negative		

Medical Decision Making (e possible dx / mgmt options, amount, complexity of info, risk of complications &/or morbidity / mortality)

Assessment / Problems

25 yo man w/ (2) sided - ESR - neuro consult
headache x 4 days - Compulsive
intermittent relief from ibuprofen - C-metast
See attached supplemental procedure report - Dilated

Differential Diagnoses

major headache w/ no relief from ibuprofen

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Teaching Physician Note:		Lab Results <input type="checkbox"/> see printout	
Time _____			
History <input type="checkbox"/> I reviewed the patient, reviewed the resident/fellow PA/NP note, and agree with or correct the findings as below. History notable for _____		Segs _____ Lympho _____ Bands _____ Mono _____ Platelets _____	
Exam <input type="checkbox"/> I examined the patient, reviewed the resident/fellow PA/NP note, and agree with or correct the findings as below. Physical Exam is notable for _____		AT _____ INR _____ PT _____ Ab _____ Ca <u>9.5</u> T. Bil _____ Wt _____ D. Bil _____ Phos _____ AST _____ LD _____ ALT _____ Cr/MB _____ ALA _____ Amylase _____ ESR <u>2</u> Troponin <input type="checkbox"/> < 0.01 Urine _____ Protein _____ Urine _____ BUN _____ Other _____	
Decision Making <input type="checkbox"/> I discussed and agree with or correct the documented resident/fellow PA/NP decision making as below.		ABO _____ UA _____ Urine Pregnancy _____ (2 lead EKG) NSR <input type="checkbox"/>	
X-ray images / tracings / lab specimens <input type="checkbox"/> Personally reviewed by me <input type="checkbox"/> I discussed with performing/interpreting MD		CT head/abdomen/chest: _____ X-ray _____	
Follow Up Notes / Procedure Date _____ Time _____		I, as Attending, was present for the key portions of these procedures. <input type="checkbox"/> See supplemental procedure note(s)	
Total Critical Care Time _____ min Location Length _____ cm		<input type="checkbox"/>	
All other billable procedures and teaching time not included in critical care time		<input type="checkbox"/> Tests/Procedures ordered, results pending	
NOTIFICATIONS <input type="checkbox"/> PCP Notified _____ <input type="checkbox"/> Consults (service) _____ <input type="checkbox"/> Admitting MD Notified _____ <input type="checkbox"/> Signed out to _____ <input type="checkbox"/> Continued on additional page		Called / Answered or Arrived at _____ Comments _____	

ED
DIAGNOSIS:

headache

PA / NP (signature) _____

☐ Co-sign PA / NP R.

Resident signature _____

Presented to ED, Attending name/date _____

Attending signature _____

Chart # _____

ED NURSING
DOCUMENTATION

HH 10993 MR

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C

WEST 7

Date/Time 2/5/2

Chief Complaint Headache RA

Admit DX Migraine Headache Attributed

HISTORY ☐ CVA ☐ Diabetes ☐ HTN ☐ COPD ☐ CHF ☐ MI☐ Hyperlipidemia ☐ Seizure ☐ Psych ☐ Renal☐ DVT / Pulmonary Embolism ☐ Appendectomy ☐ Stents☐ CABG ☐ Cholecystectomy☐ other No past medical historyCode Status ☒ Full ☐ DNR/DNI ☐Allergies ☒ NKA ☐ Latex ☐ Shellfish☐ other

Labs: WBC HCT Troponin

Na 140 K 4.5 CR 0.9 BUN

WNL Pending

Type & Screen ☐ Y ☐ N Other

BG Time (in hour of transfer)

Initial Vitals Time 0900 BP 140/85 Pulse 72 T 36.0 RR 18 O, Sat 97 RA Seat 2

Transfer Vitals Time 0800 BP 140/85 Pulse 85 T 36.0 RR 16 O, Sat 95 RA Pain 6 Seat 2

Pt Belongings ☐ Glasses ☐ Dentures ☐ Hearing aids ☐ Clothing ☐ Belongings home with family ☐ Assistive device ☐ Jewelry

MEDICATION RECORD

Time	BP / HR prior to cardiac medication	Medication	Dose	Route	IV amount	End time	BP / HR after cardiac medication	Site	Pain level	Nurse Initials	Reassess pain level/time
0800		aspirin	81mg	PO							
0800		ibuprofen	400mg	PO							
0800		acetaminophen	650mg	PO							
0800		gabapentin	300mg	PO							
0800		gabapentin	300mg	PO							
0800		gabapentin	300mg	PO							

IV RECORD

Time	Device size	Insert site	# of attempts	Amount	Solution/Blood	Rate	Amount infused	End Time	% Time	Site condition	INT
0800	18g	RA	1	1000	NS	150	1000	NS	100	well	0

Precautions ☒ Fall ☐ Skin integrity ☐ Suicide ☐ Seizure ☐ ETOH ☐ Aspiration ☐ Restraints ☐ OSA risk ☐ yes ☐ noIsolation ☐ MRSA ☐ VRE ☐ C- Difficile ☐ Neutropenia ☐ Influenza ☐ DropletCARDIOVASCULAR: EKG Rhythm ☐ NSR ☐ Paced ☐ OtherTelemetry Ordered ☐ Yes ☒ NoMENTAL STATUS: alert ☒ oriented ☐ disoriented ☐ confused ☐ agitated/combatative ☐ lethargic ☐ unresponsiveRESPIRATORY: oxygen ☐ yes ☒ no ☐ Intubation ☐ nasal cannula ☐ NRB ☐ vent mask ☐ % otherG/GU: NPO since ☐ Dysphagia screen ☐ yes ☐ no ☐ NG ☐ Feeding tube ☐ Stoma ☐ Foley ☐ Continence

Other pertinent information pt ate @ 0800 Baked chicken

Skin Integrity

☐ moist ☐ warm ☐ dry ☐ diaphoretic ☐ pale ☐ cool

Wound type

A Ulcer

B Skin tear

C Incision

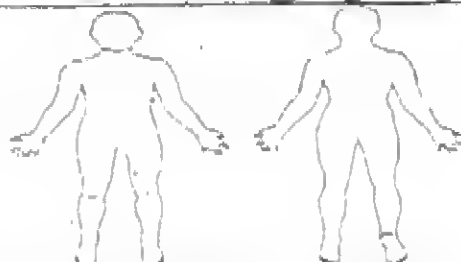
D Redness

E Bruising

F Laceration

G Rash

Surface where found prior to arrival

☐ unknown ☐ floor ☐ otherWound Care Nurse Notified Date/Time ☐ N/AOrders ☐ Transition Orders ☐ Orders in CPOE

Pending tests and procedures

Other Relevant Medical Information

Nurse Signature

Transported by

ED NURSING
DOCUMENTATION

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TRANSFER SUMMARY ACCEPTANCE NOTE

Date 10-26-10 Time 2330
Vital Signs BP 146/90 HR 58 O₂ Sat 97 O₂ Type RA T 37.1
☐ IV Pump Settings reviewed/changed by CNA

DIABETIC PATIENT FSBG

Pt arrived to W7 via stretcher. Pt aiox3, VSS. Pt
oriented to room; call bell system. His new
g upon arrival. Water available in room.

Signature 

** REVIEW/COMPLETE ADMISSION RISK ASSESSMENT

(Update and record Braden Score/Fall Risk and other pertinent assessment that may have changed as a result of having a surgical procedure)

☐ Initiate identified consult needs

TELEMETRY STRIP (if applicable)

TRANSFER DETAILS

BELONGINGS WITH PATIENT ☐ Glasses ☐ Dentures ☐ Hearing Aides ☐ Clothing ☐ Belongings sent home with family
☐ C-PAP machine ☐ other items

☐ Medications sent with patient (refrigerated, patient's own, inhalers, non-Pyxis bio medications)

PATIENT/FAMILY CONCERNS

**HIGHLAND HOSPITAL
PRIMARY**

Patient Data

Complaint: Headache
Triage Time: Tue Oct 26 2010 09:10
Urgency: 3-Green
Bed: ED ZONE-C
Initial Vital Signs: 10/26/2010 09:06
BP:126/83
P:70
O2 sat:97 on ra

R:16
T:36.8
Pain:8

KNOWN ALLERGIES

Pt Denies

CURRENT MEDICATIONS (09:10:00)

Pt Denies

VITAL SIGNS

VITAL SIGNS BP 126/83, Pulse 70, Resp 16, Temp 36.8, Pain 8 O2 sat 97 on ra, Time 10/26/2010 09:06

(09:10:00)

BP 140/81, Pulse 60, Resp 18, Temp 36.6, Pain 7, O2 sat 99 on ra, Time 10/26/2010 12:04 (12:04:00)

BP 143/73, Pulse 60, Resp 17, Temp 36.9, Pain 8 O2 sat 100 on RA, Time 10/26/2010 13:21 (13:21:00)

(13:21:00)

BP 148/91, Pulse 67, Resp 17, Temp 36.7, Pain 8, O2 sat 100 on ra, Time 10/26/2010 19:15 (19:15:00)

(19:15:00)

BP 147/76, Pulse 49, Resp 18, Temp 37, O2 sat 100 on ra, Time 10/26/2010 22:29 (22:29:00)

DIAGNOSIS

FINAL PRIMARY Migraine headache (10:35:00)

PRIMARY Migraine headache, ADDITIONAL abnormal CT scan (10:35:00)

TRIAGE (09:10:00)

COMPLAINT Headache

ADMISSION URGENCY 3-Green, ADMISSION SOURCE Home, TRANSPORT Ambulatory, DEPT Emergency, BED 22-WAIT

PRE-TRIAGE NOTES Sharp Pain/Headache

HISTORY OF ILLNESS R sided sharp head pain since Friday 10/22. Denies n/s but report being warm but no chills.

COMMUNICABLE DISEASE Patient denies fever

FALLS RISK STATUS Risk Level I. Ambulates independently without assistive device(s). Any visual or auditory deficits are corrected. Able to bathe independently. Demonstrates ability and willingness to call for assistance. No risk factors related to medication regimen

INFORMATION SOURCE Patient

INTERVENTIONS PRIOR TO ARRIVAL None

TREATMENTS IN TRIAGE No Treatments in Triage

RESPIRATORY ASSESSMENT Easy

Highland Hospital

EMERGENCY FLOW SHEET RECORD

Name

VITAL SIGNS	DWL2	RS07	RS07	RS07	BC01
TIME	10/26/2010 22:29	10/26/2010 18:15	10/26/2010 13:21	10/26/2010 12:04	10/26/2010 09:00
HR	147/76	145/91	145/73	140/81	126/85
PR, SE	59	67	60	64	70
RESP	18	17	17	18	16
TEMP	37	36.7	36.9	36.6	36.8
PAIN		8	8	7	8
O2 SAT	100 on r4	100 on r4	100 on RA	99 on r2	97 on r3

**HIGHLAND HOSPITAL
MEDICATION**

KNOWN ALLERGIES

Denies

CURRENT MEDICATIONS 2010-10-26

Pt Denies

PRESCRIPTION

No recorded prescriptions

GREET 2010-10-26

GREET Greet Tue Oct 26, 2010 08:59